1	000 CHAPIN STREET			
I	LORENCE 54121 Phone: (715) 528-4833		Ownershi p:	Corporation
(perated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
(perate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
N	fumber of Beds Set Up and Staffed (12/31/01):	74	Title 18 (Medicare) Certified?	Yes
7	otal Licensed Bed Capacity (12/31/01):	74	Title 19 (Medicaid) Certified?	Yes
N	fumber of Residents on 12/31/01:	61	Average Daily Census:	67
>	*****************	******	*************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagra	Length of Stay (12/31/01)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year 1 - 4 Years	37. 7 36. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 3	Under 65	3.3	More Than 4 Years	26. 2
Day Servi ces	No	Mental Illness (Org./Psy)	3. 3	65 - 74	9.8		
Respite Care	Yes	Mental Illness (Other)	14. 8	75 - 84	26. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	55. 7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	4. 9	95 & 0ver	4. 9	Full-Time Equivale	nt
Congregate Meals	Cancer	0. 0	ĺ	ĺ	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4. 9		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	34. 4	65 & 0ver	96. 7		
Transportation	Yes	Cerebrovascul ar	18. 0	[']		RNs	11. 8
Referral Service	No	Di abetes	11. 5	Sex	%	LPNs	4. 6
Other Services	Yes	Respi ratory	4. 9			Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	21.3	Aides, & Orderlies	40. 2
Mentally Ill	No			Female	78. 7		
Provi de Day Programming for	ĺ		100. 0				
Developmentally Disabled	No				100. 0		
********************	****	***********	*****	*******	********	****************	*****

Method of Reimbursement

		ledicare litle 18			edicaid itle 19		0ther]	Pri vate Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	6	100. 0	205	32	97. 0	91	13	100. 0	91	9	100. 0	125	0	0.0	0	0	0.0	0	60	98. 4
Intermedi ate				1	3. 0	80	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	6	100.0		33	100.0		13	100.0		9	100.0		0	0.0		0	0.0		61	100. 0

FLORENCE VILLA

Nursing Care Required (Mean)

**********	*****	********	******	*****	******	********	*****
Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period							
		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	2. 3	Bathi ng	0.0		72. 1	27. 9	61
Other Nursing Homes	1. 1	Dressi ng	24. 6		49. 2	26. 2	61
Acute Care Hospitals	95. 4	Transferring	45. 9		26. 2	27. 9	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	34. 4		37. 7	27. 9	61
Rehabilitation Hospitals	0.0	Eati ng	83. 6		13. 1	3. 3	61
Other Locations	1. 1	**************	******	*****	**********	*********	*****
Total Number of Admissions	87	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4. 9	Receiving R	espi ratory Care	9. 8
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		31. 1	Recei vi ng T	racheostomy Care	0. 0
Private Home/With Home Health	39. 3	0cc/Freq. Incontinent	of Bowel	16. 4	Recei vi ng S	ucti oni ng	1. 6
Other Nursing Homes	15. 7				Receiving 0		0. 0
Acute Care Hospitals	11. 2	Mobility				ʻube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained		0.0	Recei vi ng M	Mechanically Altered Diets	34. 4
Rehabilitation Hospitals	0. 0						
Other Locations	0.0	Skin Care				nt Characteristics	
Deaths	33. 7	With Pressure Sores		1. 6		e Directives	80. 3
Total Number of Discharges		With Rashes		3. 3	Medi cati ons		
(Including Deaths)	89				Receiving P	sychoactive Drugs	45. 9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 90.5 80.3 1. 13 85. 1 1.06 84. 4 1.07 84. 6 1.07 Current Residents from In-County 34. 4 72.7 0.47 72. 2 0.48 75. 4 0.46 77. 0 0.45 Admissions from In-County, Still Residing 5.7 18. 3 0.31 20.8 0.28 22. 1 0.26 20.8 0.28 Admissions/Average Daily Census 129.9 139.0 0.93 111.7 1. 16 118. 1 1. 10 128.9 1.01 Discharges/Average Daily Census 132.8 139.3 0.95 112. 2 1. 18 118.3 130.0 1.02 1. 12 Discharges To Private Residence/Average Daily Census 52. 2 58. 4 0.89 42.8 1. 22 46. 1 1.13 52. 8 0.99 Residents Receiving Skilled Care 98. 4 91. 2 1.08 91.3 1.08 91.6 1.07 85.3 1. 15 Residents Aged 65 and Older 96.7 96.0 1.01 93.6 1.03 94. 2 87. 5 1.03 1. 11 Title 19 (Medicaid) Funded Residents 54. 1 72. 1 0.75 67. 0 0.81 69.7 0.78 68. 7 0.79 Private Pay Funded Residents 0.63 21.2 22.0 14.8 18. 5 0.80 23. 5 0.70 0.67 Developmentally Disabled Residents 3. 3 1.0 3.30 0.9 3.63 0.8 7. 6 0.43 4. 16 Mentally Ill Residents 18.0 36. 3 0.50 41.0 0.44 39. 5 0.46 33. 8 0.53 General Medical Service Residents 0.0 16.8 0.00 16. 1 0.00 16. 2 0.00 19. 4 0.00 Impaired ADL (Mean) 46.6 0.91 48. 7 0.88 48. 5 0.88 49.3 42.6 0.87 Psychological Problems 45.9 47.8 0.96 50. 2 0.91 50.0 0.92 51. 9 0.88

7. 1

0.89

7. 3

0.87

6.4

7.0

0.90

7.3

0.87